Poster

Ortner's Syndrome Caused by Pulmonary Arterial Hypertension

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Ventricular tachycardia (VT) is a potentially life-threatening arrhythmia, often associated with structural heart disease or inherited channelopathies. VT occurring in young, previously healthy individuals without evident structural abnormalities poses a diagnostic and therapeutic challenge, especially in resource-limited settings. We report the case of a 37-year-old melanodermic man presenting with palpitations and a syncopal episode during physical activity. Physical examination and transthoracic echocardiography revealed no significant abnormalities. The electrocardiogram showed sinus rhythm with left anterior fascicular block. The exercise stress test was interrupted due to the occurrence of monomorphic VT with spontaneous reversion. A 24-hour Holter monitor revealed frequent ventricular extrasystoles and multiple episodes of non-sustained VT. Differential diagnoses included catecholaminergic VT, Brugada syndrome, polymorphic VT, and focal VT. The patient started on beta-blocker and amiodarone therapy and subsequently referred abroad for an electrophysiological study. At Hospital da Luz (Lisbon), cardiac magnetic resonance imaging demonstrated preserved biventricular function, without ischemia or late enhancement. The electrophysiological study, using electroanatomic mapping and magnetic navigation, identified multiple VT foci originating from the right ventricular outflow tract. Successful radiofrequency ablation was performed. Three months after the procedure, the patient remained asymptomatic. The 24-hour Holter monitor showed only frequent isolated ventricular extrasystoles with bi- and trigeminy patterns, but no VT episodes. This case highlights the importance of thorough investigation of VT in young patients without structural heart disease and demonstrates the effectiveness of radiofrequency ablation. It also underscores the need for referral strategies to specialized centers in countries with limited technical resources.

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